

IV NARRATIVE TOOLS FOR OPENING SPACE FOR NEW BELIEFS

BY WORKING THROUGH THE PROBLEM, FINDING SOLUTIONS, TAKING ACTION
AND CREATING OPTIMAL EXPERIENCES, WE CREATE NEW LIFE STORIES.

Re-authored stories. A new life “script” is written by remembering early constructive discussions of the problem and actions taken. The old plot line is rewritten with a new beginning, middle and end, co-constructing new possibilities. Narration of the new script specifies the cast of characters and the additional strengths acquired. The new story highlights optimal experiences and evidence for change from which a person re-shapes his or her life.

Part IV describes many tools for optimal and enriched experiences. Some of the tools are only seeds of ideas, but they may help create significant new beliefs and memories when encouraged by standing together and attempting to complete jointly agreed-upon tasks. Tools for optimal and enriched experiences may include recreational events or specialized activities, such arts, shadowing or mentoring, that come from the child’s dreams and desires and which reorganize moments of life with “flow.” Flow builds self-esteem, giving a child a sense of power and enhanced control over their destiny. Other generative experiences include numinous or ecstatic encounters of the spirit brought on by moments of awe or by insights that allow quantum leaps of understanding.

When these events are expressed as stories—and narrated through language, or the visual or kinetic arts—they add value, significance and meaning to life. Stories are narrative belief structures that organize experience in a way that shapes and changes lives. The effect of leveraging these re-authored stories to address needs and goals will build coping skills, knowledge and learning and is the basis for helping children and families who are stretched by stressful circumstances to bounce forward, transcending adversity and encouraging neuronal plasticity with new resilient brain pathways. Re-authored stories come from what happened and what made a difference: what gave birth to the child and family’s shaping of new experiences from fresh beliefs and expectations.

Perceiving Change. Initially, how do we measure progress toward personal change, especially if it is just a small step? Acknowledging progress, however modest, increases self-awareness, improves motivation for further change and may offer direction. If we don’t notice and distinguish the ordinary from what’s changed, then we miss an opportunity to understand improvements or to see that we are moving along and in a better position.

Stages of Change. One way to help understand how change behavior occurs is by using the Prochaska model, below. Apply this scale to the position in which a particular change-seeking person stands at the time of evaluation. Try using the metaphor of a sales customer who may—or may not—be ready to buy: Sometimes people want to think about change for awhile, they may seem contemplative and merely want to window shop. Most people are at the early levels of change seeking and not yet ready for action. This is a way to measure where your client is now. As helpers, how can we match our suggestions to a client’s readiness for change in order to help them progress to a healthier level?

Readiness for Change										
Precontemplation	Contemplation		Shopping		Preparation		Action	Maintenance		
Not at All	Somewhat		Fairly		Mostly		Very	Completely		
0	1	2	3	4	5	6	7	8	9	10

Distinguish what is different, or better, in the progress made. Scaling is subjective, 1-10, using Quality of Life measures, which include progress, comfort and confidence (See Comfort-Hassles Scale, Appendix D). Also, evaluate the value of the meeting with the client in terms of goals, expectations and eliciting hope, which are reportable using the Team Family Meeting form (See Team Management Form, Appendix A, Part I and/or the School-Parent Satisfaction Questionnaire, Appendix, Part III). Research the Youth Outcome Questionnaire, and the adult version of it, to define objective change in symptomatic behaviors where the Outcome Rating Scale, by Miller, is used as a subjective measure (See PORS, Appendix B).

We invite the child and family to pick from several levels or systems in the Family Health and Promotion Plan (FHPP) in Part III. The composite strategies seem to work synergistically and organize into **developmental needs, goals and core beliefs** that include **safety, sense of belonging, having a voice, being heard and validated, relational awareness**, (multiple influences), **understanding and a sense of identity**. (**Click on** for handout available on Perceiving Change) These needs, goals and beliefs—which are at the heart of the matter—closely parallel the eight influential transactions or the reciprocal interactions of child and environmental contexts of experience outlined in Part II. The FHPP tools become ways to infuse meaning in experiences through stories. A focus is kept on more than the surface behaviors, feelings and thoughts within a single brain's perspective in that room in that moment. We try to

illuminate and bring together the diverse worlds of the child in relation to family, school and community. We believe this multiple domain approach of placing things in context may enhance motivation, change an idea, offer a new perception, create a new frame, or visualize something another way. It is like planting seeds in a garden. As a plant grows from the seed, it may make something happen even beyond itself, beyond the child, in the larger culture itself. The seven subsections of Part IV are story themes about family beliefs and needs:

A. Promoting a Sense of Protection, Safety and Wellbeing

B. Increasing Sense of Belonging and Relationship

C. Story-Making and Ritualizing from Lived Experiences

D. Validating, Acknowledging and Recognition

E. Promoting Shared Reflection and Mental Imagining

F. Understanding and Making Sense of Things

G. Image-making, Identity, Self-Worth

- A. **Promoting a Sense of Protection, Safety and Wellbeing.** This task is seminal to many of the positive experiences listed above because families need to know each member feels safe and comfortable in their own lives before venturing into the world beyond. Although defining yourself as strong and in-control helps deal with adversity, there are thresholds and a physical reality that must be recognized. The ideas here promote a secure base and have practical utility in coping with stress and oppressive situations. These are also opportunities to express personal experience and to describe suffering and beliefs about it. Most important will be how the family appraised their oppressive situation and how they used available resources to cope. Also, important is how the family's belief systems responded, whether by feeling a stronger or weaker sense of self.

We believe much of our work is in sections A, B, C and D and involves enhancing self-regulatory systems. Many of a child's symptomatic expressions stem from grief, loss, separation, powerlessness in the face of chronic stress, or they constitutionally lack organizing abilities and a safe feeling, which further disconnects them. We see the "impact of violence" from low resources or from barriers to resources that result in poverty, discrimination, unemployment,

unstable housing, no education, exposure to mental illness, substance use and threatening neighborhoods. We recommend Alicia Lieberman and Pat Van Horn's little book, Don't Hit My Mommy, to counter these violent insults. Although not all of our special-needs children come to us from situations of overt violence, many of their traumas come from neonatal intensive care and other traumatizing chronic medical conditions that have effects on parent-child relationships including psychological stress causing instability or loss of secure base.

Go to case study example.

In the session the team member says, "How is home going?"

Mother begins to cry and says, "Not good."

Dad looks surprised.

Mother says, "There is so much yelling and Adam gets out of control."

Adam looks down and reaches for a banana, looking over to a team member for approval. The team member affirms, nodding his head.

The team member then says, "When Adam gets out of control, what do you try?"

Dad says, "Nothing works. I don't know what to do with that kid. Spanking does not work."

The team member says, "Well, there are community services that help parents get a break, when things get to be too much, for instance, ..."

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1. *Coping Strengths.* List how many ways in which the family has coped and managed the problem already. What has helped them the most and by how much? On a 1-10 scale, measure progress or movement.
2. *Topical Resource Guide.* Have the family review sources of food, housing, transportation and other practical assistance for the daily economic problems of living. By giving them choices and then having the family be the responsible agent in choosing and seeking the assistance resource, the family is strengthened through their efforts. For example, if money on hand is only enough for rent, have them consider going to Crossroads or a food pantry every few days to keep a roof over their head in the short term.
3. *Advocacy Resources.* Agree on whether or not to call the Parent Center,

Disability Law Center, or the National Alliance for Mental Illness. It can empower families to link with advocates who work with similar problems.

4. *Owning the Problem.* If there is a suggestion of abuse, collaboratively talk about it with the family and have the family caregiver report it to protective services. (Substantiate that a report was made later or offer to make the call with them.)
5. *Music Favorites.* Music satisfies a need for many young people. Options may include listening to classical music, drums, percussion, singing, choral, listening to the radio while studying, and using earphones.
6. *Bowl of Fruit at the Meeting.* Food is basic. Recognize that to feed the spirit, feed the body first. Offer power snacks, including soothing foods (small snacks of fats and starches). Ask about breakfast. Does child qualify for school meals? How many times does the family eat per day? Does the family qualify for food stamps?
7. *Body-based Sensation Collage.* There are a host of strategies of occupational, recreational, spiritual and creative arts therapies, including body movement, massage, meditation, dance, play, music, exercise classes and sports, drama, and others that soothe and integrate the mind, and are calming and centering.
8. *Stress-Management* options are described under Resource Notes, Part IV, Bibliography.
9. *Call upon a favorite ancestor* or respected family relation who stands out as an exceptional survivor and ask for advice or suggestions on what to do in an extreme situation.
10. *Forms of Beauty.* Engage with any forms of beauty you can. Go to museums, concerts, fairs, read books, listen to music, watch movies and seek out natural spaces. In its presence, beauty will work its magic on you. *Connect*, Hallowell, Pantheon, (1999).
11. *Empower Yourself by Accessing a Higher Authority.* Sometimes when things are not going the way you anticipated—and your program is not responding—you can register a complaint or give praise by calling a supervisor, the person in charge, the Consumer Protection Service, or

Constituent Services under Human Services. You may also telephone the Governor's Office at 801-538-1000.

12. *Elected Representatives.* Find the names, titles, addresses and telephone numbers of local, state and national elected representatives and contact them to register a concern.
13. *Internet Child Protection.* Check out the National Criminal Justice Reference service at www.ncjrs.org. Read the sections on "Parents Guide to the Internet and Internet Safety." A good downloadable safety net is www.ForFamily.net/, which costs a small amount of money. If your child uses e-mail, see the new www.kidsregistry.utah.gov/.

Go to case study example.

Given the emotional volatility in the home and the family's need for protection, safety and wellbeing, the interviewer began by asking the father for his perceptions (the father was seen as the focus of power in the family). The father was asked about his family of origin: "On the Nursing History Form (L), you said that your mother was manic depressive and your father had explosive episodes. Sounds like things were really stressful when you were a child. How were things for you at school?"

The team might then listen to the father's story, retelling his story in a way that brings to light the stress he experienced as a child and its impact on his relationship to school.

From here, the father could be asked, "What are your dreams for your family? In what ways do you want a better life for them?" Throughout the father's storytelling, the team empathizes with the father's feelings and his choice of positive hopes that other family members may share. This dialogue creates a bridge to discuss Adam's need for more safety which had been revealed through the Mathews Family Feeling Interview and the Daily Strengths and How's It Going? evaluations.

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- B. **Increasing Sense of Belonging and Relationship.** Suffering leads to alienation and isolation. Spiritual empowerment can come from a sense of reconnection and affiliation with others. By listening to a client's stories, we affirm the storyteller and connect with them because what is shared often resonates. As described elsewhere, we have dedicated much of our work to helping reconnect and reestablish bonds and ties within the family and to linking the family with the community outside.

Go to case study example.

Adam is greeted at school by Mr. Custodian:

During a school conference an additional problem was revealed by the teacher: "Adam has missed lots of school this quarter, which concerns me."

Adam grumbles.

Parents: "Well, he just does not want to go, I can't get him going and he just won't get out the door."

A team member turns to Adam. "How friendly are the kids and teachers at your school?"

Adam says, "A kid will beat me up."

The team member says, "Adam, have you told your teacher or principal about this kid?"

Adam says, "No, he will hurt me. I told my Mom and Dad."

Mom says, "Yes, he told me and it really upsets me. I just cannot make Adam go when someone is being mean to him and the school is not doing anything."

The team member, says, "We know the school. Your teacher, principal and counselor really want to know about this. And they will not tell any one except the grown-ups. They will help take care of it. Teacher, how can we help Adam feel welcome, safe and hopeful about school?"

The teacher says, "Adam, I am so glad you told me about this and I bet I can guess who that kid might be and we can talk about that tomorrow at school. But right now, let's think of ways to help you feel welcome and comfortable in school."

Adam sighs, "Ok."

The teacher says, "Adam, how about Mr. Custodian meeting you outside by the door and walking in with you?"

The team member asks, "Adam do you feel comfortable with Mr. Custodian?"

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1. *Spiritual Tools.* Some of the greatest tools are the inner strengths that come from a variety of sources that impart a sense of connection with sources of power outside the self. From these, one can gain higher knowledge, power, help and love.

2. *Supports.* List the client's primary and secondary supports, such as parents, siblings, grandparents, uncles, aunts, scoutmaster, friends and religious leaders. Include important people from the client's past for later reflection. Children can specify a favorite friend, teacher or pet from the past or present. Use the Family Support Chart in Part III or Genogram in Part II.
3. *Mentoring.* Mentors can be peers, adults and others from such organizations as Big Brothers/Big Sisters, or they can be guardians, foster grandparents or other advocates.
4. *Memory Book.* A memory book may include pictures of favorite teachers, friends, family, schools, pets, or special activities and achievements in the life of a child and is saved for the purpose of building identity.
5. *Grooming.* Routines of primping, grooming, caring for nails, hair or skin, or an informal massage, or another type of special soothing time, can help anyone feel better about themselves.
6. *Show of Respect.* Non-judgementality, cultural competence and reciprocal conversation in comfortable surroundings are likely to help build trust.
7. *Transition Help.* Transitions are often hard for people. The use of important people, past and present, favored routines, meaningful symbols or special transition objects are important. Eating meals together and bedtime rituals help as well.
8. *"HOPE" for the School Day.* Some children who may feel insecure can benefit greatly from a caring person who greets them with a "Hi," and models Opportunities for the day, helps them Plan for their classes or activities or Encourages them.
9. *Respite.* Breaks help us to better take care of ourselves and others and offer new experiences. Breaks may be provided by supportive extended family members, mentors, friends and religious leaders.
10. *Limit Solitary TV,* video and computer use so people talk to each other in person and do things together.

A sense of belonging within the family may be encouraged by discussing

pleasurable family activities. Each family member could be asked to list a family activity they liked the best. The family would then be complimented for the positive activities they already provide. Examples of these can be watching selected TV programs, eating dinner together or going to the park. The significance of this to the children could be emphasized, and given its importance, the family could be encouraged to do this activity more often. For Adam and his family, this activity was planning a weekend camp-out. (Also, see The Intentional Family: Simple Rituals to Strengthen Family Ties, by Wm. Doherty, Quill, 2002.)

- C. **Story-Making and Creating Ritual from Lived Experiences.** Healthcare is very much rediscovering and helping people repair their personal stories. Stories of the events of our lives help us make sense of what happens to us and positions us to cope resourcefully. If we can tell a story about events that cause us suffering and the stories situate the events successfully within our life-narratives, then we can observe ourselves living through these events and facing the future. In this way, our suffering can be assuaged despite the disease. Ways of expressing our experience in stories other than verbally are to perform them by way of an art form or by play opportunities. Encouraging the client to tell their story enhances the voice of the patient and exposes other people to their preferences, wants and desires.

Go to case study example.

Celebration at home and school for one week of Adam using only a calm voice when angry (no hitting or yelling).

Phone call to teacher with parents and Adam:

A team member says, "How can we celebrate Adam going one week using a calm voice?"

Teacher says to Adam, "Adam, would you like to celebrate by having lunch together?"

Adam, says, "Ok, if you want," but his eyes light up and he is trying to contain his excitement.

A team member asks, "How would you like to celebrate at home?"

Adam responds, "I need a new video game."

The team member says, "I was thinking of something the whole family could join in together and celebrate with you ..." (pauses). The team member says, "Do you have a favorite meal your Mother makes for you, that you really like?"

Adam replies, "Yeah, macaroni and cheese."

Mother smiles and says, “I’d be happy to do that.”

Back to text.

1. *Celebrations.* Celebrate accomplishments, especially if they may be small and seldom. Celebrations encourage more of the celebrated behavior.
2. *Enacting Family Stories.* There is strength in helpful rituals. Nighttime rituals such as stories, baths, a comforting drink, being tucked into bed, and saying “good night,” may secure a healthy sleep. Other family story celebrations are birthdays, anniversaries, eating together, or having a party.
3. *Children’s Literature.* Written stories are powerful tools for building the spirit and resisting the throwaway culture of over-socialization portrayed by the popular media. People identify their own stories while reading children’s literature (See Part IV, Resource Notes).
4. *Client Pictures.* By taking a picture of the client and a parent and giving it a name or caption, you can make a strong, image-building statement. You can also take a picture of the client’s friends, a favorite teacher, family members, or a valued activity, then give it a positive caption.
5. *Memory and Scrapbooks.* These tell stories about who we are and how we relate to the world and what is meaningful and significant to us.
6. *Journaling.* Pictures, text, lists or other expressions of the day-to-day experience help organize life with all its dilemmas, challenges and inspired dreams.
7. *Transitions.* Transitions are daily, monthly or seasonal social and cultural celebrations, like holidays, that help provide meaning and connection. A daily ritual is mealtime, during which food is shared along with daily stories, and positive interactions occur that recognize the family’s purpose and function.
8. *Life Reviews.* Life reviews are the telling of narratives of special events. They remind us of mastery of tasks and affirm self and relationships and reinforce positive coping abilities in difficult situations.
9. *Play Strategies.* Some parents will need help in play. Try Greenspan’s

“Floortime” www.floortime.org/, and for younger child, *Your Child at Play*, (1998), by M. Segal. Also, we like *Theraplay: Helping Parents and Children Build Better Relationships Through Attachment-Based Play*, (2001), by Ann Jernberg and Phyllis Booth.

10. *Interview*. Have the client take on the role of a journalist and interview an older person who is a family member. The child can learn the who, what, where, when, how and why of their family history, including family heroes, origins, prideful moments, and highlights of the elder’s life, his or her struggles and coping methods, favorite quotes, sayings, poetry, etc.

- D. **Validating, Acknowledging and Recognizing.** Listening to important accomplishments in life affirms the whole person who is sharing them. Listening to their story with acceptance and interest, and to uncover shining events that would not otherwise be noted, can bring renewed validation, approval and esteem. Other ways are: public posting of an earned certificate or other printed acknowledgement; collecting the child’s best products and organizing them into a portfolio; or, reading aloud an affirmative letter from their teacher, through which the child can see themselves and their accomplishments in the eyes of others. Public acknowledgement is like seeing a positive reflection of yourself in a mirror.

Go to case study example.

Acknowledgement and recognition using the child’s interest in computers:

“Adam, would like to get an email from your Mom or Dad after you have gone a whole day remembering not to yell, hit or call names?”

Adam responds, “I don’t care.”

Mom retorts, “See, he just doesn’t care!”

The team member says, “I think Mom and Dad can be the leaders in this by showing that they are noticing Adam’s behavior and that they care enough to send an email about it. Mom and Dad, are you willing to try this out to help your son?”

Mom says, “Sure I will try it, but I don’t think it will do any good.”

The team member says, “Just by sending this email you are making an important statement. You are telling your son how important it is to learn how to use anger in a grown-up way and that you really care about him. Now, that is quite a statement.”

Father listens.

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1. *Audience for Witnessing Story and Sanctioning Accountable Outcomes.* Helpers sit with the person being helped and listen. Then, helpers tell what they heard that they were drawn to that linked the person being helped to their own experience. The person being helped, having heard these observations, is asked to comment and tell what stood out. Such telling and re-telling gives rich definition to personhood by sharing and linking mutual values.
2. *Social Scripts and Social Stories.* These are written in present and future tenses, narrating problematic events with alternative perspectives and with endings that are more desirable.
3. *Teacher's Guarantee of Fairness.* "If you think that you have been treated unfairly, come to me and say 'I'm not sure that's fair.' Present your ideas in a nice way, and if you present a good case, I will change the consequence so it better fits." Jim Fax, (2001), *Preventing Early Learning Failure*, Sornson.
4. *Small Gifts.* Gifts such as a book, a disposable camera, or a certificate for a free ice cream or hamburger not only secures a positive, validating experience for a client, but can also serve as a token of the privilege you felt it was to serve them.
5. *Notes, Cards, Tape Recorded Messages, E-mail.* A message written or recorded for the child, parents, or the teacher acknowledging successes and challenges may provide something positive and tangible to be read and re-read, or listened to, and possibly, cherished.
6. *Portfolio.* A portfolio is an intentional collection of endeavors, achievements and completed projects that exemplify identity.
7. *Recognition Experiences.* Recognition, such as publicly posting certificates or enlarged photos of events being recognized and praised, positively influences self-esteem and sets markers for image building. "Everyone loves a compliment."—Abraham Lincoln, and "Personal recognition is a basic human need."

[Go to case study example.](#)

During the next visit the team listened to Adam's family camping story involving each member working together in safety to create a mutually pleasurable situation. Each member's contribution was acknowledged and the re-telling was heightened by photographs. The ABLE Team gave the family a small scrapbook to organize and preserve the pictures of their camping story.

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E. Promote Shared Reflection and Mental Imaging. Stories enable us to begin to step back and observe and they give us a greater awareness of our experience and the ability to ponder a particular thing and how they may fit together. Securely attached parents listen to stories to gain insight about their child and to anticipate needs. The reflective function of stories enables a child and parent to include others people's internal thoughts, beliefs, feelings, attitudes, desires, hopes and intentions and how these connect with facts and descriptions of the experience. Personal stories and listening to stories is a source of empathic shifts and is the origin for emotional self-regulation, coping and resilience. In this way, children and parents can take a step back to look at themselves from a distance, make better informed choices and plan responses. These tools are vital in integrating context, creating relational awareness and achieving new perspectives, giving shape to experience, and helping control behavior. These skills are developmentally available in latency and in school-age children.

1. *Therapeutic Letters.* Summarizing the time together in a personal letter addressing the problem, but also addressing how the child and family is managing and coping, and giving positive examples of unique outcomes, or times when the problem was surpassed, is helpful. We want to draw forth examples of interests, talents and resources, as well as possible quotes so they remember what they said. There are opportunities for "double reflection," where the letter may be read again for someone else to comment on. E-mails may work for this process, but there is something special about receiving a letter with a stamp and opening the envelope.
2. *Reflecting Teams.* This is any gathering in a group setting where some helpers may sit to the side of the family and where direct eye contact doesn't occur: seating is as if sitting in a car, driving and talking. Non-judgmental, non-blaming comments address what was discussed and heard in the meeting and found to be surprising; feedback is tentative. Validate a person's position, such as, "I can understand that point of view because

...” or, “I’m drawn to what you said, as I too experienced that in my life.” We can share a similar need from our own personal experience, and bring everyone closer together. Alternative views and beliefs about the family’s stories of their lives may be brought forth in ways which open the space to hear something in a new way. This is not a confrontational situation.

3. *Open Conversation.* Techniques of active listening include paraphrasing, summarizing, open versus closed questions, and pausing with open, contingent dialogue are ways of conversing which were outlined in Part I, Sharing Conversations.
4. *Photo Therapy Techniques.* Clients explore what their own personally meaningful family albums are about emotionally and what they are visually. We encourage a dialogue to draw out these meanings, discernments and interpretations. For example, we give a disposable camera to the child to take pictures of images that are both positive and important to him or her, as well those images that are negative and not liked, in order to distinguish differences. These can be shown to other people, getting other opinions, which contributes to multiple reflections.
5. *Stories Incurring Subjectivity.* See Section C above for stories involving Landscape of Action (facts) and Landscape of Meaning (opinion). Both offer chances to increase awareness. See Revising the Story—annotation/case 7, Part II).
6. *Journals, Diaries and Notes from the Day.* Research shows consistently improved physical and mental health outcomes associated with narrating of daily events, especially if descriptive emotional and internal language is brought forth.
7. *Memory Book.* A memory book brings together images of who you are, your important relationships, your values and what is significant to you.
8. *Videotaping.* Videotaping a child’s positive behavior also provides them with a healthy picture of themselves as a model, molding a more positive self-image. Videotaping the child-caregiver interactions and pointing out what was noteworthy and positive offers reflective opportunities.
9. *Mindfulness Techniques.* Meditative opportunities occur through self-awareness training using common everyday activities. Examples taken

from Full Catastrophe Living, by Jon Kabat-Zinn, can be adapted for children. Recent neurobiology research supports this as an important contributor to child development.

10. *Meditate, Pray or Reflect on Nature* everyday. Studies show people who do are happier and healthier. *Connect*, Hallowell, Pantheon, (1999).

Go to case study example.

By giving this active child, Adam, a disposable camera to take pictures of the weekend camping activities, we can enhance reflection of positive memories of the family's successful endeavor. You may suggest that Adam photograph preparatory activities, as well. To encourage getting the film developed, that task would be written into the report as an assignment to complete for the next family appointment. At that next appointment, the photos could be admired and celebrated. For example, the customary job each family member performs to make the camping trip happen could be discussed and appreciated. Upon the family's follow-up appointment, the story of individuals working together to create pleasure for all could be emphasized and could be a new story of family wellbeing. Adam's family decided they wanted to keep his pictures in a memory scrapbook, which was brought to the follow-up appointment. (The Intentional Family, Wm. Doherty, Quill, (2002).

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- F. **Understanding and Making Sense of Things.** To the extent we use non-intrusive, open-ended, circular questions and seek explanatory attributions, we can enter the world of our client families, who have their own opinions, values and sense of themselves. There are two ways of understanding. One is an analytic mode of thinking; the other is a narrative mode. The narrative mode leads to new understanding, identity knowledge and relationship satisfaction.

Go to case study example.

When the team could talk with Adam and his family about his aggression within the home:

"I think it is hard for Adam to remember not to yell and call names because of his impulsivity."

To help him with that, "Adam, how would you like to fill out this paper about what kind of day you are having? Give yourself high marks when you remember to use calm words."

"Mom and Dad, this is going to be work for Adam, but it is very important. And you can help him. When you are feeling angry, you can say something like, 'I am mad, so I am remembering to tell you calmly what I want.' This will give him something to look up to."

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1. *Positive Statements.* Language can hurt or heal. Words shape and create reality. Pick them wisely. Positive statements are woven through the meetings. Negative views or statements can be reframed into positive ones, which builds strength from weakness. If we don't use the right words, we don't get reflection and we may get resistance.
2. *Diagnoses.* These can identify sources of concerns and provide information and understanding about conditions. They can also establish eligibility for legal, special education, financial and other services. However, don't use a diagnosis as a label for the child. The child is foremost a feeling, thinking person, with all that that entails. Although the need to know is great, a "family diagnosis" or a general condition may satisfy the need and is less oppressive and when externalized, gives the ability to exert power over problems. Many of our expert positions, such as diagnoses, take power away from the patient and give it to the expert.
3. *Improving Communication/Feedback.* Feedback enhances information processing by clarifying consistent messages, especially those that are emotionally confusing or ambiguous. Work together on issues and try to draw out the person's feelings.
4. *Movies and Bibliotherapy.* We identify our own experience and values in movies and books that move us to act.
5. *The Kind of Day I'm Having.* One of ABLE's forms gleans information about how the day is going for a child.

The Kind of Day I'm Having

Put a circle around the number that best shows the kind of day (or week) you are having:

0 1 2 3 4 5 6 7 8 9 10

The things that are happening today (or this week) to me make me feel the way I do are: (List them.)

6. *Naming It.* We benefit in giving a theme to patterns in our lives and

naming them. The generalizing of ideas, events and experiences is achieved by naming, which consolidates several things under one label. Thus, we can compare and contrast different gestalts, which is nature's way of getting a sense of context. Dominant problem-stories and their preferred alternatives should get a name. Think about the impact the name will have.

7. *"There is council in numbers."* Try to hold fun family meetings weekly. Suggest having a snack, and some simple rules and respectfulness. Try not to make it solely a gripe session. Everyone's opinion is valuable. Plan a fun activity as opener. Give everyone a turn to express themselves. Sometimes a "talking stick" helps.
8. *Forgiveness.* Try to make up and apologize, asking for forgiveness even if it is difficult and you feel aggrieved and estranged. Don't take "no" for an answer either from them or from yourself. *Connect*, Hallowell, Pantheon, (1999).
9. *Do You Have a Computer?* Internet access? Internet filters for children? Take a class to become Internet literate.

Go to case study example.

When looking at the scrapbook, Adams father said, "Yeah, look, there is a picture of Adam doing nothing but laying around ... that is him alright."

A team member asked, "Adam, how did you get someone to take a picture of you?"

Adam says, "I asked my Mom."

The team member replies, "There it is again: You were all working together to make something happen. Adam, you look so relaxed in this picture. How were you feeling?"

Adam says, "I was happy."

The team member turns to the father and states with eye contact and warm voice, "See, Dad, you are giving your family something you always wanted to give them, something you did not have in your own childhood."

Back to text.

- G. **Identity, Self-Worth and Image Building.** Stories shape our lives and define who we are. What we say about the way we care for ourselves reflects our self-

image. The agency by which we take responsibility for ourselves and others is self-determination; mastery, and sense of control are outcomes.

1. *Child Strength Checklist.* These are for parents, teachers, the child and others to fill out. We build on strengths, not weakness. Building on weakness is the “disease model” of health care.
2. *Letters, Notes, Cards, Tape Recorded Messages, E-mail.* A message written or recorded for the child, parents or teacher acknowledging efforts and successes may provide something positive and tangible to be read and re-read, or listened to, and possibly, cherished.
3. *Service Opportunities.* Some of the best medicine is to climb out of oneself and serve others; some of the greatest adventures come while serving others in greater need. Important empathic lessons come from an elementary school child serving afternoon snacks to inhabitants of a senior citizens center.
4. *Pets.* Having, or taking care of, a pet gives a child an experience with something that is alive and has feelings. It is a great opportunity to learn about life, including unconditional acceptance and a host of other important qualities. Also, pet caretaking teaches responsibility.
5. *Heroes and Heroines.* How many of us have a shiny memory of an important role model who helped transform our identity?
6. *Activity Funds.* Donated money from church, state or community groups, which goes to pay for such activities as dance class, karate, swimming, soccer and mountain climbing. The benefits include increased self-esteem, improved sociability, improved physical skills, a sense of achievement, and often, greater teamwork skills. These provide our “solution” stories.
7. *Part-Time Jobs.* Students can experience benefit from an after-school or summer job. A job helps increase productivity, responsibility and esteem, and provides pocket money as well.
8. *Grooming.* Routines of primping, grooming, caring for nails, skin or hair, or an informal massage, or other soothing time helps anyone feel better about themselves.

9. *Spiritual Experiences.* A sense of belonging, an appreciation of aesthetics, seeking and finding meaning, prayer and meditation, reflecting on your essential self, all consolidate positive identity development.
10. *Cultural and Religious Heritage.* What tradition, costume or ethnic background element can be used to increase pride? Identifying with someone in past generations who is exceptional as it relates to the child-family can be very empowering.
11. *Volunteer.* Join volunteer organization and you will enjoy a longer life, according to scientific research.

Go to case study example.

The team member instigates building on Adam's strengths to build a positive self-identity in the school.

Team member: "Adam, you are so good at being out-of-doors and you enjoy nature. I wonder if there is a way you could bring this to your school to help them know this about you. Sometimes classrooms decide to do a special project that includes taking care of the outdoors. Does your teacher know that you know about the outdoors?"

Adam answers, "No, most the time I have to stay in from recess 'cause I haven't got my worksheets done."

Team member: "Have you seen an outdoor place, like a park or playground, near your school that has trash on it? Would you like your assignment to be to find an outdoor space by your school that needs cleaning up? When we have our next appointment, we can call your teacher and tell her about the place you found that needs to be cleaned up. We could see if there is a way that you and she can talk to your class and make a plan to clean up the place."

This activity would build the child's sense of worth by directing his high level of activity to community good.

Back to text.

In conclusion, this section draws forth a discussion of children's and families' heart-felt beliefs, which are the heart of the matter. People's beliefs and what they hold to be true affect how illness and health are perceived, how the etiology of a problem is seen, how the condition is managed, how the disease is treated and it also affects the prognosis and outcome of these conditions. Beliefs at the heart of the matter have emotional and physiological connotations and greatly influence the experience of illness and disability. It is through these assumptions and strongly held opinions that we arrive at our purposes, values, preferences, desires, hopes and dreams. This is the grist for resilience, good spirit

and irrepressible liveliness despite dour medical realities. It is the persistent search for those facilitative beliefs, and the chance to modify and achieve alternatives to constraining beliefs, that Part IV is based upon and serves to promote (See Appendix A and C for ways to derive personal qualities and values).

We hope the tools in these four sections can be used within a team context to promote options and possibilities for growth and development. Within Part IV there are several dozen opportunities for positive little growth experiences, all part of relationships, using generative conversations where stories can be heard and re-told and enacted (ritualized). This strengthens the relationship between people and new ideas, so beliefs and interpretations can then be exchanged. Possibilities for a change in the heart of the biopsychosocial and cultural structures can be apprehended; so we rebuild with protein our very cells and with spirit, our souls—over and over. There are many more ideas than just these examples, of course. Perhaps you have other suggestions of ideas that have worked. Let us know of them so we can add to them to the toolbox and expand generative options. E-mail to web address c/o webmaster HPeine@utah.gov/

Appendices

Appendix A

Life Quality Change Survey

(Client-Family Self-Evaluation)

Please rate your family's over-all change in status over the last several months by encircling the appropriate number in each of the following:

	de- creased	un- changed	some change	moderate change	great gains
<u>Sense of Hope</u> (feeling things will turn out okay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Coping</u> (managing and regulating stress)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Comfort</u> (no pain, distress or crisis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Accomplishment</u> (finishing goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Satisfaction</u> (feeling of pleasure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Fulfillment</u> (from wants to fulfillment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sense of Esteem</u> (feeling important and worth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Energy Level</u> (for everyday situations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Family Health</u> (physical and mental well-being)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Ability to Function</u> (in daily roles and activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Nurturing Relationships</u> (w/ spouse, sibs, relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Living More Than Day to Day</u> (time management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Positive Relation with Peers & Co-workers</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Child _____ Parent _____ Date _____

Past Weeks' QUALITY of FAMILY LIFE

As a **parent**, looking back over the **past week or so**, help us understand your feelings and thoughts by rating how well **you and your family** have been doing in daily life. Mark on the line from 1-10 with one being a lower rating and 10 being the highest rating for each:

Parents' Dealing with Household Demands

(feeling stronger by following through with decision making)

1-----5-----10

Parents' Coping Better with Child at Home

1-----5-----10

Parents' Energy and Vitality

(self-care i.e., eating, sleeping, and work)

1-----5-----10

Ability of Parents' to Take a Break

(time out for rest, relaxation and recreation)

1-----5-----10

Parents' Hearing about Child's Success at School

1-----5-----10

Family Listening and Talking Together

1-----5-----10

Interactions and Relationships in the Family

1-----5-----10

Appropriate Family Boundaries

(healthy personal spaces and connections among members)

1-----5-----10

Availability of Supports for Family from Outside Sources

(alternative family styles, extended kin, friends and other resources)

1-----5-----10

Family Finding Pleasure in Activities of the Day

1-----5-----10

Summary Q: Out of 100%, What is your--

Family's Overall Health, Mental Health and Wellbeing?

1-----50-----100

Appendix C

A Family Focus

(A Form for Strengthening Self Concepts)

Name: _____
(Subject of the survey)

Date: _____

Introduction: People's self concepts are strongly influenced by what they **feel** others important in their lives think of them. Yet they so often go through life without a very good understanding of what others **really** see in and enjoy about them.

This form is designed, with minimal risk, to help family members or members of a small "family" group of people closely associated with each other develop a more accurate awareness of the strengths or positive qualities others see in them.

After "family" members have each entered their comments on a rotating form for each member, the forms are to be returned to the persons who are the subject of each survey form.

The following are perhaps the greatest qualities or strengths I enjoy seeing in the above-named person:

(Participant's Signature)

The following are perhaps the greatest qualities or strengths I enjoy seeing in the above-named person:

(Participant's Signature)

The following are perhaps the greatest qualities or strengths I enjoy seeing in the above-named person:

(Participant's Signature)

The following are perhaps the greatest qualities or strengths I enjoy seeing in the above-named person:

(Participant's Signature)

The following are perhaps the greatest qualities or strengths I enjoy seeing in the above-named person:

(Participant's Signature)

The following are perhaps the greatest qualities or strengths I enjoy seeing in the above-named person:

(Participant's Signature)

A Family Focus, Microsoft Word, 14Mar.2003, Sredd

Appendix D

I.

COMFORT /HASSLES SCALE A MEASURE OF FAMILY WELL-BEING FWB

Child's Name _____ Chart _____ Date _____

A. Comfort felt in the family

For each clinic visit, place a **C** in the block on the 1-10 continuum which best represents the family's level of **Comfort**, ease or satisfaction during the past month.

B. Hassles being experienced in the family

For each clinic visit, place an **H** in the block on the 1-10 continuum which best represents the family's level of **Hassles**, challenges, or demands during the past month.

The **Comfort** and **Hassles** levels are based on the parents' report, in combination with a clinician's assessment. The **family well-being** score (**FWB**) is obtained by dividing the level of **Hassles** into the **Comfort** level (**C/H**). On-going results are measured by connecting subsequent like-symbol scores.

Comfort/Hassles Scale (Family Well-Being Scores)

Levels

10									
9									
8									
7									
6									
5									
4									
3									
2									
1									

Date _____ Date _____ Date _____ Date _____ Date _____ Date _____ Date _____

Date _____ Date _____

FWB _____

C=Comfort Hassles

CONFIDENCE IN PROGRESS SCALE

A Measure of MEANINGFUL LIFE CHANGE MLC

A. *Progress Already Made*

1. At the initial team assessment and during subsequent team contacts, ask:
“If one (1) represents the problem conditions as they were at the time of your family’s first phone call to the clinic, and ten (10) represents the most progress or change you’ve wanted your family to achieve in resolving those problems, what level would you say your family is at?”
2. For follow-up scoring during subsequent team contacts, ask: “What is your family’s current level of progress, change or improvement since your last visit in which you gave a rating of _____?”

Confidence to Resolve Needs

At the initial phone contact and subsequent team contacts, ask: “Indicate on a one-ten (1-10) scale the overall level of confidence, strength and empowerment that you as a family have reached in working on and resolving problems, challenges and needs, with one (1) being the weakest position, and ten (10) being the strongest position.

Confidence/Progress Scale

Levels (Family Progress Levels)
strongest

10							
9							
8							
7							
6							
5							
4							
3							
2							
1							

weakest Date _____ Date _____ Date _____ Date _____ Date _____ Date _____ Date _____

Team Contacts

MLC _____

The letter **C** represents the level of **Confidence** the parents have developed in resolving family needs since the initial contact with ABLE, and the letter **P** represents the level of **Progress** or change made in the family since the initial contact with ABLE.

Meaningful Life Change is a reflection of the family's perception of growth, significance or importance in the family having resulted from problem correction and family fulfillment. The score is obtained by adding the achieved levels of **confidence** and **progress**, and then dividing by 2. This gives the mean score of the two positive features measured on the 1-10 scale.

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RESOURCES

Most importantly, since Part IV is about coping and high-level adaptation, we want to emphasize the high degree of stress and strain, pressured lifestyles and hectic schedules to which our children and families are subjected from many sources as described in the above texts.

Educational and Psychological Perspectives on Stress in Students, Teachers and Parents, by B. Phillips, Clinical Psychology Pub. Co., Inc. (1993). Identify ways to make them feel more at ease and comforted. This may involve referral to food, housing and transportation services, or to assessment of basic safety needs. It may also entail assessment of schedules and routines, but we continue to assuage stress, teach relaxation, visualization and breathing techniques to help with stress reduction. Student Stress Manual: Management for Adolescents, A Cognitive Behavior Program, by Diane de Anda, (2002), and The Power of Relaxation, by Patrice Thomas, (2003), explores Tai Chi and visualization as stress reducers. The Relaxation and Stress Reduction Workbook, by Martha Davis, et al., or similar compositions, (check bookstore) should be in every household. Helping Children Cope With Stress, by Brenner, and Coping Skill Interventions for Children and Adolescents, by Susan Foreman, are two compendiums appropriate for classrooms.

The model we want to present in this section in a very small way is how to create a little child-family experience, usually as part of the Family Health and Promotion Plan, where the family already is showing a step toward the intervention and we use that as a strength. We try to keep things interactional and build on potential for relationship. We constantly survey safety needs, regulatory abilities, relations, discovery and creativity, and ways to promote context outside of our visits. This is what is behind our idea to have the child “pick out a book” from our collection, which was donated by a benefactor. Yes, we’re interested in promoting literacy, but primarily we are attempting to build routine, affection, transition and a sense of belonging. We feel if the child is motivated to get a book in the presence of the parent, we just might also get them sitting down together near bedtime. The words from children’s literature are not just for kids, but important for adults too and when shared, there is a resonance between both. In *Crow and Weasel*, Badger says that stories have a way of taking care of people: “We need to take care of our stories and give them away when needed—sometimes they are more important than food.” People care for themselves by sharing memories of mutually valued ideas such as ways to nurture hope, commitment and resolve.

Two sources for this idea come from Hancock, M., (2004), *A Celebration of Literature and Response*, Pearson;. and Jacobs, J., (2004), *Children’s Literature Briefly*, (genres of children’s

books and examples), Pearson. Again, we're interested in having the child narrate their experience in words and/or pictures. Caldecott and some Honor Books are a must (see your library) and offer vivid stories and pictures for kids to readily identify and become absorbed in sharing in the experience. Such titles as, *Where the Wild Things*, *The Wave*, *Frog and Toad*, *Ashanti to Zulu: African Traditions*, *The Polar Express*, *Raven: A Trickster Tale from the Pacific Northwest*, and of course, *The Ugly Duckling*. Newbery Medal books represent the most distinguished of children's literature and include titles such as, *Hope Was There*, *Ella Enchanted*, *Moonchild*, *What Hearts*, and *Shabanu, Daughter of the Wind*. A children's librarian may offer books with story themes about areas the child is currently dealing with, such as divorce, loss, birth and sibling rivalry.

We may also give out a disposable camera, and the family pays for developing the photos. We recommend the child take pictures of those things they like as well as things they dislike. Each snapshot a child takes is a type of self-portrait, a sort of a mirror with memory that reflects moments and people that are special enough to photograph. Photos may offer an opportunity to grapple with ambivalence, contrast, and tension in child's life. We are interested in photography as communication rather than as art. Photos may also be taken of friends and those events that describe identity and how family and friends fit together. Again, between parents and ourselves we query what motives are behind each photograph, with who, what, when, where and what is its story? Another suggestion: what about a memory book or picture album? These can give more of a lifeline and help get a better picture of the child's life. Click on this link for www.phototherapy-centre.com/home.htm.

Another transition activity for the purpose of children's learning—not just about their disability for which there is much published—but to have them find out about themselves, and who they are beyond their condition. Sometimes this becomes very specific to freckles, a special birth mark, color of eyes, food enjoyed, or favorite music and activities. We promote the completion of one of the three following journals (if there is a problem with writing—ask the parent to make the entries.) These keepsake journals are fun, colorful and motivating for the children to complete over time. *All About Me* and *More About Me* as well as *Through My Eyes—a Journal for Teens* are all by Linda Kranz at www.northlandpub.com, or call 1-800-346-3257. Also, *Real Life Heroes—A Life Storybook for Children 9-12*, who, with help, complete exercises in a workbook that when complete is an autobiography of their life. (Order it through Sidran Traumatic Stress Institute, 410-825-8888 or www.sidran.org/). Check out on a webserver “Children's Journaling.” We like www.scrapbooking101.com (some marketing here, but neat ideas). Also, see www.dosomethingimportant.com, especially the kids' section.

Finally, following through on our emphasis of securing meaning and purpose for child-family experiences, Martin Seligman, et al., has for several years emphasized positive psychology, looking for positive strengths, virtues, and evidence of character or signature development, all of which promote resiliency and are in keeping with the themes of this section. Check it out on the web at www.authentic happiness.org. Seligman's book and website includes checklists and surveys as personal assessment tools for the adult and for the child with adult guidance. Parents

can complete the surveys/checklists about themselves and the children and use them as a basis for family re-focus. In his book, *Authentic Happiness*, Seligman provides a framework to restructure one's life (both adult and child) through strength identification, utilization of signature strengths and resiliency-happiness building. One's thinking (family thinking) is shifted from a position of weakness, depression and even despair to a new vitality, in order to look at the past with satisfaction, the future with optimism and the present with happiness. As important as Seligman's *The Optimistic Child* for building lifelong resilience is C.R. Snyder's *The Psychology of Hope* and an important chapter on nurturing hope in children and includes keeping a child's will and desire alive toward "waypower" or believing in many pathways toward their goals.

We continue to look for ways to both generate and measure the effects of resiliency resources. Dr. Reuven Bar-On has many years of experience developing a research-based child self-reporting of perceived emotional-social intelligence (EQ-I). These are the non-verbal, early development skills leading to healthy attachment, communication, problem-solving and the basis for academic symbol acquisition, also toward health, wellbeing and a sound body. Check out Dr. Bar-On's website as well as two web sources discussing these concepts, www.eqtoday.com/ and www.eq.org/. Have parents read Dan Gottman's *Raising an Emotionally Intelligent Child*, (1997), and ask how their parenting experience changed as a result of reading and talking about it.